



**Bishop David  
Sheppard**

**CE Primary School**

Following Jesus, together we succeed

# **Supporting Pupils with Medical Needs Policy**

Date: October 2021

Renewal Date: October 2024

## **What legislation is this guidance issued under?**

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section. This guidance came into effect when Section 100 came into force on 1 September 2014.

### **Key points:**

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

### **Aims:**

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

As stated in the DfE Guidance parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school. This is because pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. In making decisions about the support they provide, schools should establish relationships with relevant local health services to help them. It is crucial that schools receive and fully consider advice from healthcare professionals and listen to and value the views of parents and pupils.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the **Equality Act 2010**. Where this is the case governing bodies **must** comply with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the **SEND Code of Practice 2014**.

For pupils who have medical conditions that require EHC plans, compliance with the **SEND Code of Practice** will ensure compliance with the statutory elements of this guidance with respect to those children.

### **The role of governing bodies:**

**The governing body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child.**

As a school we will liaise with the local authority, health professionals and other support services to ensure that any child with a medical condition receives their full educational entitlement. Each child will be dealt with as an individual case and we are aware that we will need to be flexible to ensure this happens.

**In making their arrangements, governing bodies should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. Governing bodies should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.**

Through close liaison with families and appropriate outside agencies we will:

- Ensure effective support for medical conditions in school
- Monitor and assess any potential impact on the child's ability to learn and make all reasonable adjustments
- Where appropriate, and following dialogue with the child, families and outside agencies actively seek to promote the child's confidence and self-care.
- Ensure that staff are properly trained to provide the support that pupils needs
- Ensure that no child will be denied admission due to a medical condition.
- Ensure that all arrangements to support the medical condition are put in place as soon as practically possible.

Finally:

- A child would only be denied admission if their disclosed condition would put other pupils and staff at risk – e.g. infectious diseases.

The Head teacher has overall responsibility for policy implementation; but members of the Safeguarding Team will be responsible for day to day application, this will include:

- Ensuring whole staff awareness
- Cover arrangements for staff absence
- Sharing information with supply teachers
- Reviewing risk assessments
- Monitoring Health Care Plans
- Liaising with outside agencies

**Procedure to be followed when notification is received that a pupil has a medical condition:**

Procedures should also be in place to ensure the following:

- transitional arrangements are in place

- additional training will be provided if a child's needs change or they return to school after a prolonged absence

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

### **Healthcare plans:**

Healthcare plans (HCP) can help to enable schools to effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the head teacher is best placed to take a final view. **See Appendix A** (flow chart)

Our template for Healthcare Plans is based on best practice (in consultation with area health officials) – see **Appendix B and C**

Health Care Plans:

- Will be accessible to all who need to refer to them, while preserving confidentiality outside the setting.
- Capture key information and actions required to support the child effectively.
- Take into account that a SEND child who does not have an EHC Plan (Education and Health Care) but requires a health plan should have their SEND needs mentioned in their health plan.
- May be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.
- Will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.
- Pupils will also be involved whenever appropriate.

- Will be reviewed annually, or earlier if the child's needs alter or at points of transition.

### **Roles and Responsibilities:**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend, to an appreciable extent, on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils is critical. An essential requirement of this policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively.

**Governing bodies – must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.**

They should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

**Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.** They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

This will be monitored by a representative of the Safeguarding Team meeting with the safeguarding representative of the Governing Body  
**Brian Johnson.**

### **Headteacher:**

- Will ensure that the school's policy is developed and effectively implemented with partners; this includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation.
- Will ensure that all staff that need to know are aware of the child's condition.
- Will ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

- Will have overall responsibility for the development of healthcare plans.
- Will make sure that school staff are appropriately insured and are aware that we are insured to support pupils in this way.
- Should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Will delegate these responsibilities to the Safeguarding team but will monitor by attending safeguarding meetings.

### **School staff:**

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they **cannot** be required to do so.
- Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.
- School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Every member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **School nurse:**

- We have access to the school nursing services; our named person is **Julie Meadows**.

She is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, she will do this before the child starts at the school, if the health visitor informs her in a timely manner.

- She will support staff on implementing a child's healthcare plan and provide advice and liaison, for example on training.
- She can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school.

- Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### **Other healthcare professionals, including GPs and paediatricians:**

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school.
- May provide advice on developing healthcare plans.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

### **Pupils:**

- Will often be best placed to provide information about how their condition affects them.
- Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their healthcare plan.
- Other pupils will often be sensitive to the needs of those with medical conditions.

### **Families:**

- Should provide the school with sufficient and up-to-date information about their child's medical needs.
- May in some cases be the first to notify the school that their child has a medical condition.
- Are key partners and should be involved in the development and review of their child's healthcare plan, and may be involved in its drafting.
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

See DfE Guidance for the role of the Local Authority; other providers of health services; clinical commissioning groups and Ofsted. (pg. 13, 14).



## **Staff Training and Support and Managing medicines on school premises:**

Medicines should be administered at school when it would be detrimental to a child's health or school attendance not to do so.

- **Any member of school staff providing support to a pupil with medical needs must have received suitable training.**
- This should have been identified during the development or review of healthcare plans.
- Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.
- The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.
- Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- **Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any healthcare plans).**
- However, it is understood that in most cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient. Parents need to sign a medical permission form providing clear instructions for the time and quantity of medicine (in conjunction with instructions for prescribed medicine).
- Children under 16 must NOT be given medicine containing aspirin unless prescribed by a doctor.
- Schools should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date,

but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- All medicines should be stored safely.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
- Schools should keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.
- When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- Following our Early Year Childcare Ofsted Guidance which states that unprescribed medicine can be administered (e.g. paracetamol based oral suspension) by a trained member of staff: the parents will need to supply the school with a signed permission slip stating dosage and frequency and there must be a measuring spoon or syringe provided; they will need to speak to the member of staff at the beginning and end of the day to sign to acknowledge that the medicine was administered with their permission and to inform the member of staff regarding any dosage administered at home.
- Any member of staff administering medicine ideally, should have a second member of staff present to witness and sign that they administered the correct dosage and both members of staff should sign to witness that correct procedure was followed – if this does not involve the class teacher the adult taking the class out at the end of the day must be informed and given the relevant information to hand over to the parent.
- All forms should be copied and returned to the main school office file and kept as a record.
- A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

## **The child's role in managing their own medical needs**

- After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within healthcare plans.
- Children who can take their medicines themselves or manage procedures must have an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff should help to administer medicines and manage procedures for them.
- If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the healthcare plan. Parents should be informed so that alternative options can be considered.

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil's HCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their HCPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have

to give up working because the school is failing to support their child's medical needs

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **Managing Medicines on School Premises**

**The governing body should ensure that the school's policy is clear about the procedures to be followed for managing medicines.**

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Medicines – prescription and non-prescription should only be administered with the parent's written consent.
- Medicine forms are available from the school office and these must be signed and filled in with the correct dosage and times for administering the medicine.
- A member of staff who administers the medicine must sign to say they have done so. It is recommended as best practice that another member of staff is present and countersigns.
- Medicines are stored safely.
- Children should know who will administer their medicine.
- We will only accept prescription medicine that is in date, labelled with the child's name and preferable contains instructions for storage. The exception to this is insulin which would usually be available to schools inside a pen or pump.
- Non-prescription medicines e.g. paracetamol based oral suspension or nappy cream may be administered at the discretion of the school; the same rules apply as administering prescription medicines. **No child under the age of 16 should be given aspirin unless specifically prescribed by a doctor.**
- Parents should be informed at the end of the school day what medicine has been administered and should counter sign the medicine form to say that they are aware of what has been administered.

- When a child has a long term condition a separate form will be drawn up with a review date to clarify and simplify the process – with the full agreement of the parents.

### **Record Keeping:**

**Governing bodies should ensure that written records are kept of all medicines administered to children.**

- Records offer protection to staff and children and provide evidence that agreed procedures have been followed.
- Parents should be informed if their child has been unwell at school.

### **Emergency Procedures:**

**Governing bodies should ensure that the school's policy sets out what should happen in an emergency situation.**

**See Emergency procedures policy.**

### **Off-Site trips and Visits:**

**Governing bodies should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.**

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- Schools should make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.

### **Liability and indemnity:**

**Governing bodies should ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.**

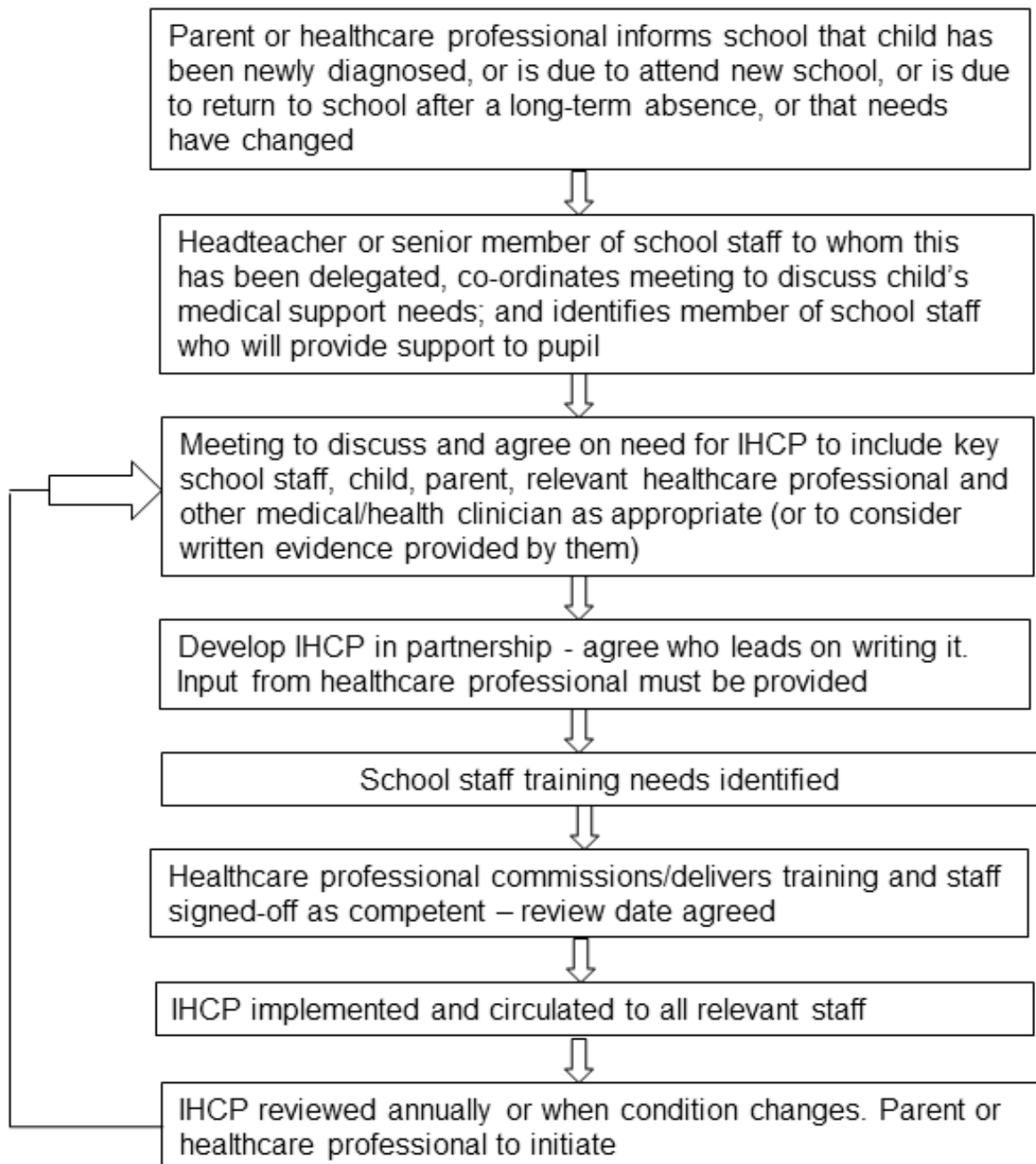
### **Complaints**

**Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

## **Appendices**

### **Appendix A** - Flow Chart (We refer to IHCP as HCP)



**Appendix B** - Health Care Plan Template

**HEALTH CARE PLAN FOR PUPILS WITH MEDICAL NEEDS**

<b>Name of pupil:</b>	<b>DOB:</b>	<b>Year Group:</b>
<b>Medical Diagnosis:</b>	<b>School:</b>	
<b>Any known allergies:</b>		
<b>Child's Address:</b>		

<b>Family Contact Details</b>	
<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>Phone (home):</b>	<b>Phone (home):</b>
<b>Mobile:</b>	<b>Mobile:</b>
<b>Work:</b>	<b>Work:</b>

<b>Clinic/Hospital Contact</b>
<b>Name:</b>
<b>Phone number:</b>
<b>G.P:</b>
<b>Phone number:</b>

**Describe medical needs/ child's symptoms:**

**Daily care requirements:**

**Describe what constitutes an emergency for the child and action to be taken if this occurs:**

**Who is responsible in an emergency?**

**Care plan completed by.....**

**Date.....**

**Plan to be reviewed by.....**

**Parental/guardian consent**

I consent to the staff named in this plan administering these procedures for my child, and I give my consent to the information in this healthcare plan being shared with the necessary staff in school

Name.....

Relationship to child/young person.....

Signature..... Date.....

**Child's consent**

I consent to staff/carers administering the above procedure/medication to me

**Signature..... Date.....**



## **Appendix C - Guidance for what should be included in the IHCP**

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the child's condition and the support required.
- Arrangements for written permission from the parents and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their healthcare plan.

## ***Appendix D***

### **Unacceptable practice:**

#### **Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.**

Although school staff should use their discretion and judge each case on its merits with reference to the child's healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged).
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their healthcare plans.
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## Further sources of information

### Other safeguarding legislation

**Section 21 of the Education Act 2002** provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

**Section 175 of the Education Act 2002** provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

**Section 3 of the Children Act 1989** provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

**Section 17 of the Children Act 1989** gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

**Section 10 of the Children Act 2004** provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

**The NHS Act 2006: Section 3** gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses.

Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

They **must not** discriminate against, harass or victimise disabled children and young people

They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

### **Other relevant legislation**

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

**Regulation 5 of the School Premises (England) Regulations 2012 (as amended)** provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

### **The Special Educational Needs Code of Practice**

**Section 19 of the Education Act 1996** (as amended by **Section 3 of the Children Schools and Families Act 2010**) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.